FORM 2 NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

MAR 2 3 1999

Washington State Department of Ecology Attn: DW Notifications P.O. Box 47658 Olympia, WA 98504–7658 (360) 407-6737

Note: Failure to properly and completely fill out your form may delay processing and/or cause your form to be returned for completion. Associated page numbers with detailed instructions are listed for each section. TS 0119319 >

1 Madificant	L XIO	£13173	
1. Notification, Please s	elect one of the following	ng choices (n. 5)	
1.a.X New notification			
If 1.a., complete entire		b D Existing RCRA Site ID# WA	-
		1.b., choose desired action below and fill in effective date.	
DEPARTMENTALU	SEONLY	Revise Notification (complete entire form)	
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T TOP TO TO	211119181	Reactivate Site ID# (complete entire form)	710
47,55303		☐ Withdraw Site ID # (skip sections 11 and 12)	
,		☐ Cancel Site ID#(skip sections 11 and 12)	
, 22.03447			
0 - 010 0		Effective date:/	
2.a. SIC Code: (p.7)	(Primary)	The same and the s	
2.b. Type of business	conducted at this si	te: (p.7) Collision repair	
		Tepati	_
3. Name of site (n. 7)	// /		
o. Italia di site (p. 7) _	Gilman	Autobody NW, LLC.	Manage Laboratory of the labor
4. LOCATION of nite /- r	25		
1.405	and 1	state WA Zip 98029	
Street _ 0903	229 au	Le SE Suito B.	
City or TownS	Sagual		
County King	0	06.56	
		State WA Zip 98029	
5. Site mailing address	(p. 7)		Million of the same
Street or P.O. Box	ame		
			. 16
	Sta	teZip	
6. Site contact (person Ec	ology should contact for	or clarification on this form, p. 7)	Million March
Name Navin	101 111		
Job Title_Mana	als.		
Mailing Address 640	5 229 4	- Phone Number 425, 392-0101	
City elssage	106	Livi SE, Suite B.	
	Stat	Phone Number 425, 392-0101 (LUE SE, Suite B. to LUE Zip 98029	-
7)1	1.1		hordens.
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	NOTIFICATION OF DANGEROUS WA	ASTE ACTIVITIES
R	RCRA Site ID# (p. 5) WA	
	Name of site (same as section 3, p. 7)	
7.	Department of Revenue # (p. 8): 401-925-9	481
8.	Name Michael G Price	Phone Number 425 - 392-010
	City Issaguah Statelike	21p 98029
9.a.	. Site ownership (legal owner of business, p. 8)	0
	Has ownership changed since you last notified or reported? If Yes, effective date of ownership change:// Name	Ver isn't
	Mailing Address State	
	9.b. Site ownership type (p. 8) Please circle the appropriate letter at right which best describes the legal status of the current owner of the business.	F = Federal S = State I = TribalTrust P = Private C = County M = Municipal D = District O = Other
	Name Jim Anghorn Mailing Address 6405 229 th are S City Assaguah State Wa	425 Phone Number 392-0146 E Suite # A Zip 98029
	10.b. Property type (p. 8) Please circle the appropriate letter at right which best describes the legal status of the land on which the business is located.	F = Federal S = State I = TribalTrust P = Private C = County M = Muricipal

D = District

O = Other

Type of regulated waste activi	/ity (Mark "X" in the appropriate box	45.800
1. Generator a. Greater than 1000 kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) C. Less than 100 kg/mo (220 lbs.) 2. Frequency 3. Monthly b. Batch c. One-time only 3. Transporter (Incicate mode in poxes 1-5 below). a. Transport own waste b. Transport for commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other-specify: 4. Treater, Storer, Disposer (at installation). Note: A RCRA Permit is required for this activity. a. For waste generated at this facilities. Waste descriptions (p. 12)	4. (Continued) Which of the following RCRA pekmitted activities occur at this facility? 1. Treatment 2. Disposal 3. Storage 5. Dangerous waste fuel a Generator marketing to burner b. Other marketers c. Boiler and/or industrial furnace 1. Smelter deferral 2. Small quagitity exemption indicate type of combustion device(s): 1. Utility boiler 2. Industrial boiler 3. Industrial furnace 6. Underground injection control 7. Immediate racycler 8. Permit-by-rule fability 9. Treatment by generator	1. Used oil fuel marketer a. Marketer directs shipment or used oil to off-specification burner b. Marketer who first claims the used oil meets the specifications 2. Used oil burner—indicate type(s) of combustion device(s). a. Utility boiler b. Industrial boiler c. Industrial furnace 3. Used oil transporter—indicate type(s) of activity(ies). a. Transporter b. Transfer facility 4. Used oil processor/re-refiner—indicate type(s) of activity(ies). a. Process b. Re-refine

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2. Listed (WAC	73-303-9903	3): Fill in d	hose codes that best de	scribe your waste(s)		
	0.63	~	-	8 461		
3. State-only (W.	AC 173-303-1	.00, -180,	, and 9904); Circle :	hose codes that best	describe your waste(s).	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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SOURCE STATE	7 81 515	CETTE	Labpack	PCB	Solid Corrosive	1,000 - 000
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I certify inter penul	y of law that I is	have person	nnot be process	sed without a	signature	s and all emoched
	Did you sign and Did you completed at a your regular course of the cours	CRA Site iD# (p. 5) WA	CRA Site iD# (p. 5) WA ame of site (same as section 3, p. 7) Coll Coll Corrosive Reactive TCLP Listed (WAC 173-303-9903): Fill in the collection of the collection of the correct sections of your requisited dangerous waste request for cancellation or withdraw? Certification (p. 13) This form call certification (p. 13) Certification (p. 13) This form call certification (p. 13)	CRA Site iD# (p. 5) WA ame of site (same as section 3, p. 7) b. Waste Codes: (p.12) CO1	CRA Site iD# (p. 5) WA ame of site (same as section 3, p. 7) b. Waste Codes: (p.12) Characteristics (WAC 173:303:090): Identify (circle or fill in) those codes that codes that codes that best describe your waste(s) 2. Listed (WAC 173:303:9503): Fill in those codes that best describe your waste(s) 3. State-only (WAC 173:303:100, -180, and 9904): Circle those codes that best wro1wTo2 wpo1wpo2wpo3 wto1wto2 woo1 PCB Comments (p. 13) Notification checklist (p. 13) Did you sign and date notification form? Did you keep a copy for your files? Did you semplate the correct sections of this notification form to fit your sitn if you are canceling or withdrawing your RCRA Site ID number, you are respectate your regulated dangerous waste activities ended. Did you submit your request for cancellation or withdraw? Certification (p. 13) This form caunot be processed without as a concellation or withdraw?	Do. Waste Codes: (p.12) Characteristics (WAC 173-303-090): Identify (circle or fill in) those codes that best describe your wasted griduals and corresponding to the processor of this notification form to fit your situation? (See section 1—1) if you are cancelling or withdrawing your RRAS site ID number, you are responsible for annual report date your request for cancellation or withdraw? Certification (p. 13) Notification checklist (p. 13) Did you sign and date notification form? Did you keep a copy for your files? Did you complete the correct sections of this notification form to fit your situation? (See section 1—1) if you are canceling or withdrawing your RRAS site ID number, you are responsible for annual report date your regulated dangerous waste activities ended. Did you submit your completed annual report date your regulated dangerous waste activities ended. Did you submit your completed annual report date your regulated dangerous waste activities ended. Did you submit your completed annual report date your regulated for cancellation or withdraw? Certification (p. 13) This form Caunot be processed without a signature.

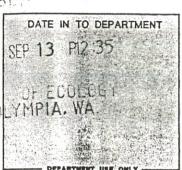
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784 784	INIT:		TITY	UAN"	LQ		S	(a) (b) (c)
189	ACK:		(d) NON REGULATED (e) ONE TIME ONLY (f) EMERGENCY					
) 少			TED	ULA	REG TIME GEN	ON .	NOE	(d)

ECY 030-5 (3/84)

FORM 2

NOTIFICATION OF '84 DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504
(206) 459-6300/6305/6306



DEPARTMENT USE ONLY		(206	3) 459-6300/6	305/6306	DEPARTM	ENT USE ONLY
1. A. FIRST NOTIFICATION B. REVISED NOTIFICATION (enter current I.D.# in upper limited in upper limited).	eft) DAY YR.	assigne	d to you in	section 99 in	D.# WITHDRAWN (en n upper left) N (complete all secti	
2.A. WASHINGTON STATE DEF REVENUE REGISTRATION	ARTMENT (TAX) NUM — 984	OF BER	1	C CODE(S)	SECONDERY	OTHER
3. NAME OF COMPANY ISSAGUAH Aba GILMAN	UTO	REE	BUIL	D 4	ASTE MANNE	1964
4. MAILING ADDRESS POBOX 47	STREET, P.O. B	OX, OR RURAL RO	UTE & BOX NO.	STATE	ANA GEMEN	BRANCH
S. LOCATION OF WASTE ACT	IVITIES (Ins	stallation)		W A 6.	98027 COUNTY WHERE	
DESCRIPTION OF PHYSICAL LOCATION (FO	MA N	BLU	/ D	l K	INSTALLATION IS	O33
156AQUAIL		D BUSINESS	LIS COND	STATE	98027	
7. DANGEROUS WASTE ACTIVING (Read & Follow Instructions Carefully—Enter	WASTE MA FACILITY (1 (refer to de in instructio (1) TREAT	NAGEMENT (SD) finitions	6. ☐ TRA are an	NSPORTER (transporting off-site facility	(complete this section waste for hire or you y) Transport YOU Opera	ir own waste to
-	(2) STOR/ (3) DISPO (4) WE AC OFF-S	SAL			HIGHWAY (b) A	
8. CONTACT PERSON NAME (last).		(fir	st)			
HUHNDORF	CA	ブ # Y			O. (area code & number)	
9. OWNERSHIP				10	6-392 D. TYPE OF OW	NERSHIP
(Legal Owner(s) of this Installation) ISSAGUAH A LNC -ECL-812-3	UTO	REI	3412	- D	(enter letter cod	e in box)

11.	WASTE IDENTIFICATION	,	
A. N U LM IB NE ER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D.
	Spent Lacquer thinner & paint	0101012F101015	1944
2			
3		1 1 1 1 1 1	
4		1 1 1 1 1 1	
5		1 1 1 1 1	
		1 1 1 1 1	
6		1 1 1 1 1 1 1	
7			
8		1 1 1 1 1	
9	****	1 1 1 1 1 1	
10		1 1 1 1 1 1	
12.	ESTIMATED MAXIMUM QUANTITY of all wastes listed (consecutive 30 days) or per processing batch.	above to be produced in	any given month
A. J	Batch Frequency 75 deys QUANTITY WEIGHT	B. PER MONTH	QUANTITY WEIGHT CODE
13.	COMMENTS (Enter Information by Section & Line Num	ber—See Instructions)	
		*	
			<
14.	FORMS AND INFORMATION REQUEST (Check the box(es) of those items desired and indicate how many)		
	A NOTIFICATION FORM B PART A	PERMIT FORM FOR TSD FA	
		ATOR ANNUAL REPORT FORM CILITY ANNUAL REPORT/UNI	
	G DANGEROUS WASTE LEGISLATION (RCW 70.105) AN	D REGULATIONS (WAC 173-303)	
	H DANGEROUS WASTE FEES LEGISLATION (RCW 70.10	D5A) & REGULATION (WAC 173-3	(05)
	. CERTIFICATION		
	ertify under penalty of law that I have personally examined and am familiar with the in y inquiry of those individuals immediately responsible for obtaining the information, I was that there are significant penalties for submitting false information, including the	e possibility of fine and imprisonment.	
	NATURE: OFF	FICIAL TITLE (Print)	DATE SIGNED:
PRIN	NTED NAME:	ngs	9/8/84
	Cathy Luhildort GL812 ECY 030-5 (3/84)		
-E(CL-812- CL-812- 3 ECY 030-5 (5/64)		

FORM 2 NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

MAR 2 3 1999

Washington State Department of Ecology Attn: DW Notifications P.O. Box 47658 Olympia, WA 98504-7658 (360) 407-6737

Note: Failure to properly and completely fill cut your form may delay processing and/or cause your form to be returned for completion. Associated page numbers with detailed instructions

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1	. Notification. Please select one of the following choices. (p. 5)
	La. LI New notification OR 1.b C Existing BCDA GIA IR WAR D C G G G
	If 1.a., complete entire form. If 1.b., choose desired action below and fill in effective date.
	DEPARTMENTAL USE ONLY Revise Notification (complete entire form)
	WA Reactivate Site ID# (complete entire form)
	D Withdraw Site ID # (skip sections 11 and 12)
	Cancel Site ID#(skip sections 11 and 12)
attresses	Effective date: 12 131 198
2.2	SIC Code: (p.7) (Primary)
	2.b. Type of business conducted at this site: (p.7)
(Stime)	Collision sipar
3.	Name of site (p. 7) Gulman Authority
4.	Location of site (p. 7)
	Street 220 NE Gilman Blud
	City or Town Issagual
	County King 1 State WA Zip 98027
7 008	Site malling address (p. 7)
	Street or RO. Box Same
	C. L.
El Palace	410
•	Site contact (person Ecology should contact for clarification on this form n 7)
	Name LUVER MATTVEC
	Job Title Quine Phone Number 425-392-0101
	Mailing Address Same as # 4 The Number 725 - 372 - 0101 City State Zip
	A III V

	NOTIFICATION OF DANGEROUS W	ASTE ACTIVITIES	
1	RCRA Site ID# (p. 5) WA		
			A.A.A.
7.	Department of Revenue # (p. 8): 600-626-2	224	
8.	Site operator (person responsible for dangerous waste activ	ity, p. 8)	
	Name Kavin M Allved Mailing Address Same as #4	Phone Number	425-392-0101
	City State	Zip	
9.a	Site ownership (legal owner of business, p. 8)		
	Has ownership changed since you last notified or reported? If Yes, effective date of ownership change://	☐ Yes Ø(No	A
	Name	Phone Number_	
	Mishin is workers?		
	City State	Zip	
on and the same of	9.b. Site ownership type (p. 8) Please circle the appropriate letter at right which best describes the legal status of the current owner of the business.	F = Federal I = TribalTrust C = County D = District	S = State P = Private M = Municipal O ≈ Other
0.8	Name <u>Semini</u> Deam Mailing Address 3013 G.S. Genter	Phone Number_	
	city Whatchee State Wa	zip 98801	22 12 14 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10.b. Property type (p. 8)	A beautiful and the second	
	Please circle the appropriate letter at right which best describes the legal status of the land on which the business is located.	F = Federal I = TribalTrust (C = County D = District	S = State P = Private M = Municipal O = Other

Type of regulate 11.a. Dangerous	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER,	ity (Mark "X" in the appropriate box	
1. Generator a. Greater than (2,200 lbs.) b. 100 to 1000 (220-2,200 c. Less than 10 (220 lbs.) 2. Frequency a. Monthly b. Batch c. One-time on 3. Transporter (Indictions 1-5 below). a. Transport ov b. Transport for purposes Mode of Transport 1. Air 2. Rail 3. Highway 4. Water	ikg/mo (bs.) NO kg/mo ly cate mode in wn waste	4. (Continued) Which of the following RCRA permitted activities occur at this facility? 1. Treatment 2. Disposal 3. Storage 5. Dangerous waste fuel a. Generator marketing to burner b. Other marketers c. Boiler and/or industrial furnace 1. Smelter deferral 2. Small quantity exemption Indicate type of combustion device(s): 1. Utility boiler 2. Industrial boiler 3. Industrial furnace	11.b. Used oil fuel activities 1. Used oil fuel marketer a. Marketer directs shipmer used oil to off-specification burner b. Marketer who first claims the used oil meets the specifications 2. Used oil burner—indicate type(s) of combustion device(s) a. Utility boiler b. Industrial boiler c. Industrial furnace 3. Used oil transporter—indicate type(s) of activity(ies). a. Transporter b. Transfer facility 4. Used oil processor/re-refiner-indicate type(s) of activity(ies). a. Process b. Re-refine
□ 5. Other-specif 4. Treater, Storer, DI (at installation). No Permit is required fi □ a. For waste gen facility □ b. For waste gen facilities	sposer ote: A RCRA or this activity. nerated at this	3. Immediate recycler 8. Permit-by-rule facility 9. Treatment by generator	0, 5, 25

CHARLES AND A	21 at 12 - 3 at 15 at 1	the March 1.	and a soften		Kaji di Tali			
		NOTIFIC	DATIO	OF DANGERO	US WASTE ACT	IVITIES		
RCR	A Site ID# (p.	5) WA		MAR ANDREW MARKET COME MANAGE	The state of the s	maker resources assert on the PM Name are particular on the Partha and		(Marie 1990) - 10-10-10-10-10-10-10-10-10-10-10-10-10-1
						AND		
12.b. W	aste Codes:	(p.12)	The Contract of the Contract o					ionimus.equi
			-090):	Identify (circle or fill	in) those codes that	best describe your waste	(*)	
	0001 00002	D003	TCLP		m) areas bested that	Dot equand your wast	7	
18	mitable Corrosive	Reactive	100		States would page Started Advisor	AND THE PERSON NAMED AND ADDRESS OF PERSONS		
2.	Listed (WAC 17	3·303·9903): I	ill in the	ose codes that best de	scribe vour waste(s)			
		1			, , , , , , , , , , , , , , , , , , , ,			
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J. V	WTO1WTO2	WP01 WP02W	180,	WL01 WL02		describe your waste(s).		-
	Toxic	Parsistent		Labpack	WOO1	WSC2 Solid Corrosive	X . T.	
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	oid you keep a co	py for your file:	s?					
	Did you complete	the correct sec	nions o	f this notification f	orm to fit your situ	ation? (See section 1-	-Notification	1).
Land (i	Ann die reliesil	ng or withdrawi	UB ACRI	MC RA Site ID Minn		. 11 1	4- 1 1:	
	equest for cancel	4 to man. (Dat & 24)	- make was	-tivities ended. Dic	you submit your	nsible for annual report completed annual rep	ort with this	
W	ALE	ed The	Ser n	William Commence	ALL THE STATE OF			······;
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docu	ments, and that ba	ted on my makir	of thos	e individuals brenedi	fundlise with the my very responsible for	tormetion submitted in the observation of the information of the infor	s and all actor t. I believe tha	Aed a
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FPA/STATE Hazardous Waste I.D.# 98 0 76 0 A II. Waste Designated By: RCRA/State SQ/RCRA State Only Non-Regulated/Non-Handler/Protective Filing IV. Handling III. Exemption Status: RCRA Exempt Recycler _____ Emergency Remedial Action State Exempt Recycler One-Time-Only Other Below QEL _Other___ DEPARTMENT USE ONLY

SQG FORM 2 UPDATE NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications Washington State Department of Ecology M/S PV-11 Olympia, WA. 98504-8711 (206) 459-6305/6306

DATE I	N TO DEP	ARTMENT
Init.: MA	Date:	7
EPA:	Date:	Сору:
Input:	Update:	Ack.:
FE	B 0 5 19	87 E ONLY

Type or Print in Ink-Form designed for use on Elite (12 pitch type) FIRST NOTIFICATION B. REVISED NOTIFICATION date revisions effective: List sections you revised: D. REACTIVATE SITE I.D. # (Complete all sections of the form Enter previously assigned I.D. # in Part 1F.) WITHDRAW SITE I.D.# (Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in Part 1F.) E. CANCEL SITE I.D. # (Site closed—no longer own or conduct his site. Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in 1F.) EXISTING I.D. #
(Complete for items 1B, C, D, & E only) WA WASHINGTON STATE DEPARTMENT OF SIC CODE(S) 2.B. REVENUE REGISTRATION (TAX) NUMBER PRIMARY SECONDARY OTHER 000-626-NAME OF COMPANY MAILING ADDRESS STREET, P.O. BOX, OR RURAL ROUTE & BOX NO. CITY OR TOWN STATE ZIP CODE 9 8 0 2 COUNTY WHERE THIS 6 LOCATION OF WASTE ACTIVITIES (Installation) 5. INSTALLATION IS LOCATED DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully) 03 0 CITY OR TOWN STATE ZIP CODE TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING THE OF TO HOW INSTRUCTIONS for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply) FEB 10 1987 HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities). 1. GENERATOR HAZARDOUS WASTE DIVISION 2. TRANSPORTER 2a.

Transport Wastes' Commercially (for hire). 2b. Modes of Transport: (1) 🗌 Highway (2) 🗌 Air (3) 🗌 Rail (4) 🗍 Water (5) 🗆 Other 3. MANAGEMENT FACILITY (TSD) 3a.

Facility accepts wastes from OFF-SITE Generators. 3b. Processes conducted or available at this facility;
(1) ☐ Treatment (2) ☐ Storage (>180 days) (3) ☐ Disposal (4) Other (specify in comments). 4. UNDERGROUND INJECTION OF WASTE(S). 🛾 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. 🗆 Generator Marketing to Burner 🛮 5b. 🗀 Other Marketer 5c. ☐ Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE) 7B. USED-OIL FUEL ACTIVITIES. 1. OFF-SPECIFICATION USED-OIL FUELS-1a.
Generator Marketing to Burner 1b.
Other Marketer 1c.
Burner (Complete 7C) 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE. (see instructions for definitions of combustion devices) 1 □ Utility Boiler 2. □ Industrial Boiler 3. □ Industrial Furnace. 7D. NEW REGULATORY REQUIREMENTS: Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #. (continue in Comments). 8. CONTACT PERSON NAME (last), (first) PHONE NO. (area code & number) TITLE 3 92 10B. IS SITE RSHIP (Legal Owner(s) of this Company) 10A. TYPE OF LOCATED ON OWNERSHIP INDIAN TRUST LANDS? Y=Yes N=No 0 nter letter code in box OWNERSHIP (Legal Owner(s) of site (Property)) SEE INSTRUCTIONS

MASTE IDENTIFICATION (PRopy into proping the more than to waste streams	olkār mrormation (sastiolis 18	เล้า และ เพลาะ แก้เก็บกลาย เล้า โลก เล้า โลก เล้า โลก เล้า โลก เล้า
A N B FR THE PROPERTY OF THE	C Dairigerons Wasta Number (Yalar to WAC	Fallmarad From Arman From Arman Arman From From From From From From From From
· lacquer Hummorn		
9		
10		
12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above or per processing batch. In 12C. indicate maximum to be ac		ior to shipment.
12A. (Batch Frequency) 556	12B. PER MO	
12C. Amount to be Accumulated on-site prior to shipment	QUANTITY WEIGHT	CODE
13. COMMENTS (Enter Information by Section & Line Number—S	See Instructions)	
		Page 1
	Y Table 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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14. FORMS AND INFORMATION REQUEST	· · · · · · · · · · · · · · · · · · ·	
(Check the box(es) of those items desired and indicate how many) A NOTIFICATION FORM B PART A PERMI C BIOLOGICAL TEST PROCED. D GENERATOR AN	ATIONS (WAC 173-303)	MANIFESTED WASTE REPORT
15. CERTIFICATION (MUST BE SIGNED IN INK TO BE PROCESSED) I certify under penalty of law that I have personally examined and am familiar with the information	submitted in this and all attack	ned documents, and that hased on
my inquiry of those individuals immediately responsible for obtaining the information, I believe that aware that there are argnificant penalties for submitting false information, including the possibility SIGNATURE: OFFICIAL TITLE	t the submitted information is of fine and imprisonment.	true, accurate, and complete. I am DATE SIGNED:
		z/z/87
Steve ALLREA Pr	esident	2/2/01

3

-ECL5-1104



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

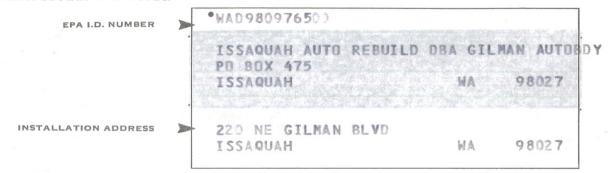
This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	NAD980976500		
3.4	GILMAN AUTO BODY 220 GILMAN BLVD		
	ISSAQUAH	WA	98027
INSTALLATION ADDRESS	220 NE GILMAN BLVD		
	ISSAQUAH	WA	98027



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EPA Form 8700-12B (4-80)

10/16/84